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NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09.419164

Total Fee Calculation

	-							
	•	Fee Code	Total # Claims	Number Extra	x	Fce	Fcc _	Total
		Sm./Lg.				Sm. Entity	Lg. Entity	
	Basic Filing Fee	- 201/101				-	760.	760.
	Total Claims >20	203/103	36 20-	16 x			18.	288
	Independent Claims >3	202/102	0 .3 -	X		·		90,
	Mult. Dep Claim Present	204/104			•	: :		
	Surcharge	205/105			•		130.	126
	English Translation	139			•			101
	TOTAL FEE CALCULA	TION				••		1178;
	Fees due upon filing th	ne application:						
	Total Filing Fees Due	= 5	1178	,				
	Less Filing Fees Submi	itted - \$				÷		
]	BALANCE DUE	= \$	1178					
ō	Office of Initial Patent	kamination	 -					
			Figu	re 7				

Figure 7

FORM OIPE-RAM-01 (Rev. 12/97)

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

	CLAIMS AS FILED - PART I					SMALL ENTITY		OTHER THAN		
L			(Column 1) (Colu					OR	SMALL	ENTITY
FC	PR	NUMBE	RFILED	NUMBER E	EXTRA	RATE	FEE	1	RATE	FEE
ВА	SIC FEE				y		380.00	OR		760.00
тс	TAL CLAIMS	3(0 minus 2	0= * 16		X\$ 9=		OR	X\$18=	288.
	EPENDENT CL	$ \alpha$	minus 3 ر	3 = *		X39=		OR	X78=	
ML	MULTIPLE DEPENDENT CLAIM PRESENT							OR	+260=	
* If	* If the difference in column 1 is less than zero, enter "0" in column 2 \mathcal{F}					TOTAL		OR	TOTAL	1048.
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						ENTITY	OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NOM	Total	. 54	Minus	* J6	= 18	X\$ 9=		OR	X\$18=	324
AME	Independent	* 3	Minus	ENDENT CLAIM	=	X39=		OR	X78=	
	FIRST PRESE	NIATION OF MO	DETIPLE DEP	ENDENT CLAIM		+130=		OR	+260=	
						TOTAL		OR	TOTAL ADDIT, FEE	
		(Onlymm 4)		(Column 2)	(Column 3)	ADDIT. FEE			ADDII. FEEI	
\vdash	(0.600000	(Column 1) CLAIMS	20 8 A	(Column 2) HIGHEST	(Column 3)		ADDI-			ADDI-
NT B		REMAINING AFTER AMENDMENT	ia.	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONAL FEE
AMENDMENT	Total	* 5/	Minus	** 54	<u>-</u>	X\$ 9=		OR	X\$18=	
AME	Independent	* 3	Minus	*** 3	= 7	X39=		OR	X78=	
F	FIRST PRESE	NTATION OF MI	JLTIPLE DEP	ENDENT CLAIM		+130=		OR	+260=	
ľ						TOTAL			TOTAL	
						ADDIT. FEE		OR	ADDIT. FEE	
L		(Column 1)		(Column 2)	(Column 3)					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NOW N	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	<u></u>	X39=		OR	X78=	
F	FIRST PRESE	NTATION OF M	ULTIPLE DEP	PENDENT CLAIM		+130=		OR.	+260=	
*	If the entry in colu	mn 1 is less than th	ne entry in colui	mn 2, write "0" in co	lumn 3.	TOTAL		1	TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										